SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

PETITION FOR EXEMPTION FROM THE REQUIREMENT OF PUBLIC ACT 85-1315, MANDATORY PROOF OF IMMUNIZATION TO VACCINE PREVENTABLE DISEASES ON RELIGIOUS GROUNDS

Based Upon the Specific Religion	eribing His/Her Objections to Immous Belief That Conflicts With the	Immunization
(To Be Completed by a Parent or Gu	iardian if the Student is Less Thai	n 18 Years of Age)
outbreak of a vaccine preventable disease of curtail my normal activities and may be asked health. I further understand that should I continuous and will comply with any and all Edwardsville or Public Health Officials. I upperson who has not demonstrated immunity	ed to avoid contact with other peoperate a vaccine preventable disease limitations placed upon me by Senderstand that I will be treated no	ple in the interest of public e, I will hold the University outhern Illinois University
Signature	Date	Birthdate
Name (Please Print)		800#
Campus or Home Address		
The student statement should be written in the completed petition to SIUE Health Servi Phone: 618-650-2842 Fax: 618-650-58	ce, Campus Box 1055, Edwardsv	ille, IL 62026-1055.
FOR	OFFICE USE ONLY	
\Box A	approved \square Denied	
By		Date

The student will be informed of the University's decision on the petition within 10 business days of its receipt. The completed form will be maintained by SIUE Health Service.